

RECORD OF ANNUAL NON-EMERGENCY VEHICLE INSPECTION (2 PAGES)

(Prepare Separate Report for Each Vehicle Inspected)

Date: _____

Carrier Name _____

Address _____

Street

City

State

Zip

Vehicle Type _____ Model _____ Make _____ Year _____

Vehicle ID Number _____ Tag Number/State _____

Inspection Location _____

Street

City

State

Zip

Inspector's Name _____

REPORT OF CONDITION

	OK	REPAIR
BRAKES		
Adjustment		
Drum/Rotor		
Hose/Tubing		
Lining		
Parking Brakes		
Master Cylinder		
EXHAUST		
Leaks		
LIGHTING		
Headlights		
Tail/Stop		
Clearance/Marker		
Reflectors		
Signals		
Interior/Dash		
CAB/BODY		
Access		
Eqpt./Load Secure		
Seat Belts		
Wheelchair Tiedowns		
Straps, Latches, Etc.		
Wheelchair Lifts		
Radios/Cell Phone		
Placard Requirements		
Shoulder Harness (for wheelchair or stretcher positions)		
SUSPENSION		
Springs/Shocks		

		OK	REPAIR
STEERING			
Adjustment			
Column/Gear/Power Steering			
Linkage			
FUEL SYSTEM			
Tanks			
Lines			
FRAME			
Members			
Clearance			
TIRES			
Tread			
Inflation			
Damage			
WHEELS/RIMS			
Fasteners			
WINDSHIELD			
Wipers, Fluid			
GLAZING			
HORN			
MIRRORS			
Interior/Exterior			
		OK	DEFICIENT
FIRST AID KIT AND SAFETY EQUIPMENT			
<u>Item</u>	<u>Amount</u>		
BVM – Adult (CPR Face Cover)	1		
Emesis Basin	1		
Scissors	1		
Isolation Kits (Gowns, Gloves, and Facemask)	2		
Latex Gloves			
4x4 Pads	12		
Roller Gauze	2		
3 inch Cling Rolls	2		
Triangular Bandages	2		
Adhesive Tape	2		
Spill Kit	1		
Blanket	1		
Band Aids (Various Sizes)			
Bed Pan	1		
Flashlights	2		

Inspector`s Signature

Date